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# ● PRINTER RUSH ●

(PTO ASSISTANCE)

Application : 101621001Examiner : MeislinGAU : 3723From: J. BlachLocation: (IDC) FMF FDCDate: 12/21/04Tracking #: 06043666Week Date: 11/22/04

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449		<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS		<input type="checkbox"/> Foreign Priority
<input type="checkbox"/> CLM		<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW		<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW		<input type="checkbox"/> Other
<input type="checkbox"/> DRW		
<input checked="" type="checkbox"/> OATH	<u>7/16/03</u>	
<input type="checkbox"/> 312		
<input type="checkbox"/> SPEC		

**[RUSH] MESSAGE:**

Residence addresses of all inventors are missing from the  
Oath/declaration.

Please resolve.

**[XRUSH] RESPONSE:**

Corrected

Charles Prescott

941-957-4208

**INITIALS:** PS

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.

REV 10/04

sub 1/12

P-1816-CIP

10/02/00

## **APPLICATION DATA SHEET**

### **APPLICATION INFORMATION**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Title:: Buoyant Hand Tool  
Attorney Docket Number:: P-1816-CIP  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure:: 1  
Total Drawing Sheets:: 16  
Small Entity?:: Yes  
Petition Included?:: No  
Secrecy Order in Parent Appl.?:: No

### **APPLICANT INFORMATION**

Applicant One Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity

Applicant One Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Inventor One Given Name:: Robert  
Inventor One Family Name:: Brady  
City of Residence:: Sarasota  
State of Residence: Florida  
Country of Residence:: US  
Street of Mailing Address:: 1735 Bahia Vista Street  
City of Mailing Address:: Sarasota  
State of Mailing Address:: Florida  
Postal or Zip Code of Mailing Address:: 34239  
Applicant Two Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Inventor Two Given Name:: Joel  
Inventor Two Middle Name:: R.  
Inventor Two Family Name:: Chartier  
City of Residence:: Bradenton  
State of Residence: Florida

Country of Residence:: US  
Street of Mailing Address:: 11119 Marigold Drive  
City of Mailing Address:: Bradenton  
State of Mailing Address:: Florida  
Postal or Zip Code of Mailing Address:: 34202

### **CORRESPONDENCE INFORMATION**

Name:: Charles J. Prescott, P.A.  
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Suite 115  
City of Mailing Address:: Sarasota  
State of Mailing Address:: FL  
Postal or Zip Code of Mailing Address:: 34237  
Telephone:: (941) 957-4208  
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### **REPRESENTATIVE INFORMATION**

Representative Customer  
Number:: 30650